

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 613709

FILED  
Feb 17, 2012  
Secretary of State

**Entity Name:** NORTH RIVER DENTAL GROUP, P.A.

**Current Principal Place of Business:**

3030 US HIGHWAY 301 NORTH  
ELLENTON, FL 34222

**New Principal Place of Business:**

**Current Mailing Address:**

3030 US HIGHWAY 301 NORTH  
ELLENTON, FL 34222

**New Mailing Address:**

FEI Number: 59-1908743

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S.  
1212 COURT STREET, SUITE B  
CLEARWATER, FL 34616 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: STEINBERG, RICHARD W DDS  
Address: 3030 US HWY 301  
City-St-Zip: ELLENTON, FL 34222

Title: P  
Name: DELROSE, DANIEL C DDS  
Address: 3030 US HWY 301  
City-St-Zip: ELLENTON, FL 34222

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD W STEINBERG DDS

VP

02/17/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date